

# Implementation of Adult Immunization in Ob-Gyn Practices

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The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



**IMMUNIZATION** *for* **WOMEN**  
Immunization Information for Ob-Gyns and Their Patients

## The American College of Obstetricians and Gynecologists (ACOG)

- ACOG is a non-profit corporation 501C3, tax-exempt charitable, educational organization
- 95 % of board-certified ob-gyns are members of ACOG (a total of over 58,000 members)
- Ob-gyns are a major source of ambulatory care for women in the U.S.
- 85% of deliveries are attended by ob-gyns

## 2009-2010 H1N1 Pandemic Impact on Pregnant Women

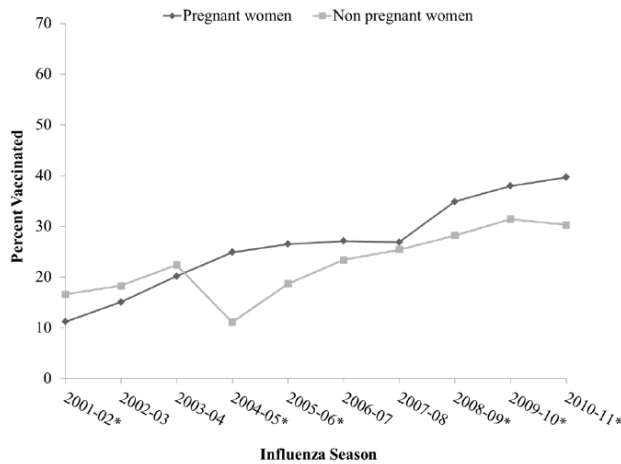
- Morbidity and mortality was 6 times greater among pregnant women than non-pregnant adult population
- Increased hospitalization rates
- Triage vaccine dissemination among pregnant women given shortages e.g., prioritize pregnant women with risk factors
- Continued concern about vaccinating pregnant women by patients and some providers
- ACOG's 1<sup>st</sup> issuance of clinical email blasts and online only clinical guidance and patient info

H1N1 led to an ACOG Presidential Initiative and strong support for immunizations by ACOG leadership

## Lessons Learned from H1N1 Pandemic

- Ob-gyns go to ACOG 1<sup>st</sup> for clinical guidance
- Needed rapid mass communication system(s) to ob-gyn members
- Needed “different” and expedited development of H1N1 specific obstetric clinical guidelines
- Established close direct communication with CDC in developing obstetric clinical guidance quickly
- Collaborated extensively with other professional organizations
- Increased comfort level of immunizing pregnant women for influenza among ob-gyns and pregnant patients

## Influenza vaccination coverage in pregnant and nonpregnant women by influenza season



Kennedy ED, Ahluwalia IB, Ding H, Lu PJ, Singleton JA, Bridges CB. Monitoring seasonal influenza vaccination coverage among pregnant women in the United States. *Am J Obstet Gynecol*. 2012 Sep;207(3 Suppl):S9-S16. Epub 2012 Jul 9.

**\*\*46.6% Early Estimate of Influenza Vaccination Coverage in Pregnant Women, 2016-17 Flu Season**

## The Ob-Gyn's Role in Immunization

- Studies continue to show that a provider recommendation is the most influential factor in a patient's decision to receive an immunization<sup>1</sup>
- Ob-gyns have a long-standing role of providing primary and preventive care to women and are a major source of ambulatory care for women, accounting for 44% of preventive care visits for women over age 18<sup>2</sup>
- Pregnant women see their ob-gyn regularly throughout the course of their prenatal and postpartum care allowing for multiple opportunities to vaccinate

1. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a3.htm?s\\_cid=mm6337a3\\_e#fig](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a3.htm?s_cid=mm6337a3_e#fig)

2. Stormo AR, Saraiya M, Hing E, Henderson JT, Sawaya GF. Women's Clinical Preventive Services in the United States: Who Is Doing What?. *JAMA Intern Med*. Published online July 07, 2014. doi:10.1001/jamainternmed.2014.3003.

## Vaccination Opportunities for Obstetrician-Gynecologists

- Vaccination should be made part of routine care:
  - Pre-conception planning
  - Prenatal care
    - Two patients to protect, mother and child
  - Post-partum care
  - Well-woman care
  - Pre-op planning

## Once a practice has decided to begin offering vaccinations, what considerations are important?

- Need for a “Vaccine Champion” and Vaccine Coordinator
- Office culture of Immunization
- Centralized control of all processes
- Storage for vaccine
- Specific usage criteria and methods
- Recall systems to insure completion of vaccine series

## Vaccine Champion

- Ideally a clinician
- Ensure all clinicians and office staff are on board and consistent with vaccination efforts and goals
- Knowledge resource for others in practice
- Up-to-date information on vaccine indications, recommendations, schedules
- Subscribes to CDC.gov website/email alerts for vaccine updates

## Vaccine Coordinator

- Staff person other than the Vaccine Champion
- Knowledgeable of immunization recommendations
- Maintains vaccine inventory
- Orders and receives vaccines
- Coordinates and oversees storage and handling
- Maintains VIS forms

## Creating Culture of Immunization

- Educate and empower nursing/MA/front desk staff to advocate for vaccines
- If use interpreters, or case workers, educate as needed
- Use electronic prompts/sticky notes in chart to help remember
- Vaccinate Office Staff
- Educate patients through posters, handouts, and conversations
- Patient vaccine records are kept up to date
- Use Standing Orders
- Tie immunization to another routine practice
  - Example: Tdap and glucola on same visit
- Place signs at the front desk during Flu season about immunization, and also about Tdap being given to all pregnant women

## Immunization Referrals

- If ob-gyns do not stock a specific vaccine in the office, know where patients requiring that vaccine can be referred
- Consider having a written list with addresses/names of local pharmacies
- Consider sending a patient to the referral location with a signed Rx
- Ask patients to send or bring in documentation of immunizations received outside of the ob-gyn to ensure accurate documentation

## ACOG Research: Barriers to Adult Immunization

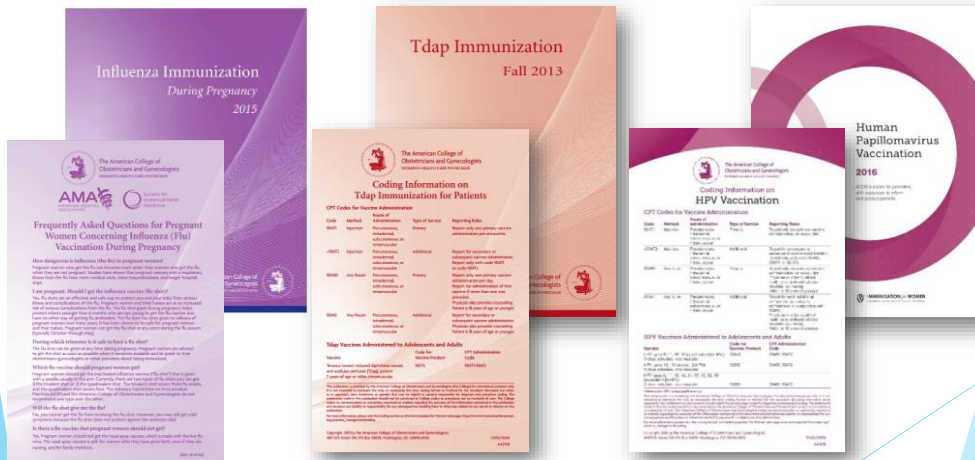
TABLE 4: Barriers to offering immunizations among ob-gyns.

Barrier	Overall % of ob-gyns who agreed		p value
	Preintervention study	Postintervention study	
Inadequate reimbursement	51.4	44.6	.085
Cost <sup>†</sup>	45.5	34.8	.006
Lack of interest from patients <sup>*</sup>	29.9	37.5	.043
Lack of time <sup>*</sup>	25.4	33.0	.036
Lack of storage for vaccine/supplies	24.2	18.0	.059
Concerns about vaccine safety	18.5	18.4	.959
Lack of staff	16.7	19.5	.363
Participating in immunization registries	10.5	9.0	.514
Lack of access to patient records <sup>*</sup>	7.5	3.7	.048

<sup>\*</sup> p < .05, <sup>†</sup> p < .01.

Jones, K., Carroll, S., Hawks, D., McElwain, C., McElwain, C. (2016). Efforts to improve immunization coverage during pregnancy among OBGYNs. *Infectious Diseases in Obstetrics and Gynecology* 2016 (6120701): 1-9. <http://dx.doi.org/10.1155/2016/6120701>

# ACOG Efforts to Improve Adult Immunization Rates: Tool Kits



# ACOG Efforts to Improve Adult Immunization Rates: Immunization for Women Website



Find all the Immunization Resources you need in one spot at ACOG's Immunization for Women website:

- Up to date immunization recommendations
- Specific immunization information for pregnant and breastfeeding women
- Information on how to set up and expand an office-based immunization program
- Latest immunization news and updates
- Features separate provider and patient sections

[Immunizationforwomen.org](http://Immunizationforwomen.org)



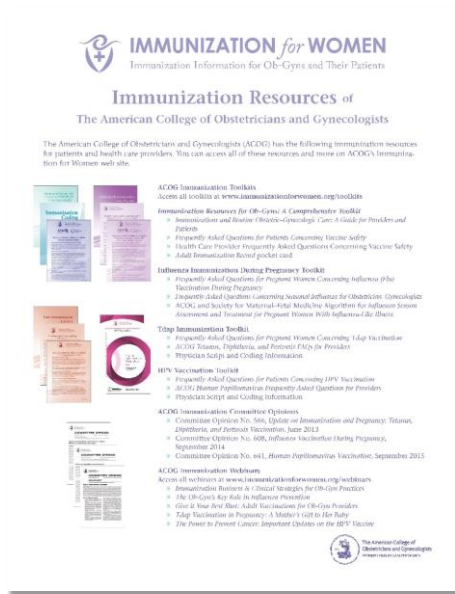
# Online Resources: Immunization for Women website- Practice Management

# Coding and Reimbursement Resources: Immunization Coding Guide

- *Immunization Coding for Obstetrician-Gynecologists 2017* provides common IZ codes as part of ACOG’s comprehensive Immunization Resources
- Updated to ICD-10 Codes
- Proper IZ coding is major issue
- Available electronically on the Immunization for Women website at [immunizationforwomen.org/coding](http://immunizationforwomen.org/coding)



## Additional ACOG Resources



## Evaluation of ACOG's Efforts to Improve Adult Immunization through Ob-Gyns (Published January 2016\*)

- ACOG's Research department and Immunization staff conducted a prospective, longitudinal study to determine ACOG's efforts to increase ob-gyn use of ACOG IZ toolkits and vax administration were effective
- Pre- and post-intervention surveys to random sample 1,500 ACOG members between August 2012 and July 2015. ACOG distributed 3 IZ toolkits between August 2012 and March 2013 to 35,000 active practice ob-gyn members
- 87% of survey ob-gyns reviewed the IZ toolkits
- Large majority reported that they offered or planned to offer flu and Tdap vax to patients
- Postintervention respondents significantly more likely to use standing orders, had increased access to patient records and decreased cost as a barrier to IZ
- Ob-gyns in group practice more likely to offer Tdap, flu and have standing orders than solo practice or academic

\*Supported by CDC Cooperative Agreement 5U661P000667

## Evaluation of ACOG's Efforts to Improve Adult Immunization through Ob-Gyns (Published January 2016\*)

TABLE 3: Statistically significant differences between pre- and postintervention study providers.

Variable	Preintervention study (%)	Postintervention study (%)	p value
Received ACOG's immunization toolkit mailings <sup>†</sup>	67.0	84.5	<.001
Valuable immunization resources to include in future toolkit mailings			
Clinical guidelines from ACOG <sup>†</sup>	71.2	58.0	.001
Coding information and tips <sup>†</sup>	30.7	18.0	<.001
Reimbursement information and tips <sup>†</sup>	15.2	9.4	<.001
Barriers to offering immunizations			
Cost <sup>†</sup>	45.5	34.8	.006
Time <sup>†</sup>	25.4	33.0	.036
Lack of access to patient records <sup>†</sup>	7.5	3.7	.048
Lack of patient interest <sup>†</sup>	29.9	37.5	.043
Use standing orders for immunizations <sup>†</sup>	36.5	46.6	.011
Routinely offer Tdap to all pregnant patients <sup>†</sup>	59.3	76.8	<.001
Common reasons patients decline vaccinations			
They do not think they need vaccines <sup>†</sup>	70.4	80.6	.003
Percentage of patients that decline vaccinations			
Less than one-third <sup>†</sup>	64.4	76.5	.001
Receive annual influenza vaccination themselves <sup>†</sup>	90.7	96.1	.024
Require staff to receive annual influenza vaccination <sup>†</sup>	78.1	86.2	.011

ACOG, American College of Obstetricians and Gynecologists; Tdap, tetanus-diphtheria-acellular pertussis.  
<sup>†</sup>p < .05. <sup>†</sup>p < .01.

88% of respondents from pre and post surveys reviewed ACOG toolkits

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<http://dx.doi.org/10.1155/2016/6120701>

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